

Solicitation Name Positive Alternatives for Pregnancy
 Solicitation Number DPH0000126

Date

2-Jun-17**Cost Proposal Worksheet***Section 5 - Cost Proposal*

Unless otherwise specified in the eRFQ or contract agreement, all pricing should be inclusive of all costs associated with providing the services outlined in the eRFQ (travel, lodging, meals, postage, etc.). Supplemental Cost Data is neither required nor desired.

OFFEROR INFORMATION

Company Name	United Way of Greater Atlanta	Contact Name	Kim Addie
Address	100 Edgewood Ave.	Title	Senior Health Director
Address 2		Phone Num	404-527-7303
City, State, Zip	Atlanta, GA 30303	Email Address	kaddie@unitedwayatlanta.org

BUDGET DETAIL SUMMARY

	DESCRIPTION OF SERVICES	Unit of Measure	Cost per Unit	Number of Units
1	Personal Services (Salaries)	Regional Coordinators	\$45,000.00	4
		Program Manager	\$65,000.00	1
		Centering Pregnancy Consultant	\$40,000.00	1
2	Regular Operating			
3	Travel	Mileage reimbursement		
4	Equipment	Laptops	\$833.34	6
5	Facility Costs	Meeting and remote working space In Kind		
6	Per Diem/Fees			
7	Telecommunications			
8	Other--specify: External evaluation consulting group			
9	Provider Costs (Please leave this line blank. Costs to be determined by the State Entity)			
10				
11				
12				
13				
14				

Total Projected Annual Costs

* This total cost is the amount that should be entered as the bid in Team Georgia Marketplace/PeopleSoft

I attest the information contained in this Cost Proposal Worksheet is an accurate estimate of our organization's financial proposal for this bid evaluation.


 Authorized Signature

Positive Alternatives for Pregnancy and Parenting Grant Program

KIM ADDIE

Printed Name

RFQ (i.e., shipping,

ent.

